COPY	• ·
AVAILABLE	TO
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7	MU
DESI	° If
٠	MENDMENT A

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 OO7465											9.878		
. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN	
TOTAL CLAIMS			20					RATE		FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· Ø			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS 3				nus 3 =	us 3 = Ø			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			OR	+270=	•
° If the difference in column 1 is less than zero, enter "0" in column 2							i	TOTAL			OR	TOTAL	7/0
CLAIMS AS AMENDED - PART II 4/2.5/											,	OTHER	THAN
		(Column 1)		(Colur		(Column 3)		SMAL	L EN	ITITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	: T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	:20	Minus	• c	20	=		X\$ 9=		:	OR	X\$18=	
AME	Independent	1.3	Minus	•••	5	=		X40=		•	OR	X80=	
Ч	FIRST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	CLAIM		J	+135=			OR	+270=	
						• • • •	. !	TOTA				TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)		ADDIŤ. FE	:E L		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	TI	NDDI- ONAL FEE		RATE .	ADDI- TIONAL FEE
Š	Total	•	Minus	••		=		X\$ 9=			OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	***	CI AINA	<u> - </u>		X40=			OR	X80=	
	ringi Phese	MIATION OF MI	OLTIPLE DEF	ENVENT	CLAIM		J	+135=			OR	+270=	
							_	TOTA ADDIT. FE			OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	5	HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
Ž Ž	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=	
ME	Independent	•	Minus	***		=]	X40=	+		1	X80=	
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	700-		
• 1	the antre in each	mn 1 is loss than #	na antre in antre	mn 2 umit-	*** i= ==		1	+135=			OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 8/00)